

ANNUAL AUDITED REPORT FORM X-17A-5

Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

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OMB APPROVAL

OMB Number: 3235-0123 Expires: February 28, 2010

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FACING PAGE Information Required of Brokers and Dealers Pursuant to Section 17 of the

REPORT FOR THE PERIOD BEGINNING 01/01/07 AND ENDING___ MM/DD/YY MM/DD/YY A. REGISTRANT IDENTIFICATION OFFICIAL USE ONLY NAME OF BROKER-DEALER: Meridian Capital Partners, LLC FIRM I.D. NO. ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.) 1266 Furnace Brook PArkway (No. and Street) Quincy 02169-4758 NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT John P. McDonough (Area Code - Telephone Number) B. ACCOUNTANT IDENTIFICATION INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report* Jacobs, Velella & Kerr, P.C. (Name - if individual, state last, first, middle name) 388 Hillside Avenue (State) (Address) APR 0 8 2008 **CHECK ONE:** Certified Public Accountant ☐ Public Accountant Accountant not resident in United States or any of its possessions. FOR OFFICIAL USE ONLY

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

OATH OR AFFIRMATION

I, John P. McDonoughi	, swear (or affirm) that, to the best of
my knowledge and belief the accompanying financial statement and	supporting schedules pertaining to the firm of
Meridian Capital PArtr	ners, LLC as
	, are true and correct. I further swear (or affirm) that
neither the company nor any partner, proprietor, principal officer or	
classified solely as that of a customer, except as follows:	anotor has any proprietary interest in any account
classified solery as that of a customer, except as follows.	
CAROL A. O'KEEFE	,
Notary Public	7 1 00:5
Commonwealth of Massachusetts	John F. M. Jonans
My Commission Expires February 15, 2013	// Signature /
-	Resident
	Title
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Caral a O Reele	
Notary Public	
This report ** contains (check all applicable boxes):	
(a) Facing Page.	
(b) Statement of Financial Condition.	
(c) Statement of Income (Loss).	
(d) Statement of Changes in Financial Condition.	
(e) Statement of Changes in Stockholders' Equity or Partners' or Sole Proprietors' Capital.	
(f) Statement of Changes in Liabilities Subordinated to Claims of Creditors.	
(g) Computation of Net Capital. (h) Computation for Determination of Reserve Requirements P	prepare to Pula 15a2 2
 □ (h) Computation for Determination of Reserve Requirements Pursuant to Rule 15c3-3. □ (i) Information Relating to the Possession or Control Requirements Under Rule 15c3-3. 	
(i) Information Relating to the Possession of Control Required (ii) A Reconciliation, including appropriate explanation of the C	
Computation for Determination of the Reserve Requiremen	ts Under Exhibit A of Rule 15c3-3.
(k) A Reconciliation between the audited and unaudited Statem	ents of Financial Condition with respect to methods of
consolidation.	•
(1) An Oath or Affirmation.	
(m) A copy of the SIPC Supplemental Report.	
(n) A report describing any material inadequacies found to exist of	or found to have existed since the date of the previous audit

**For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

